

**CLAIMS ONLY**

Application Number

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
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Total Indep						
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Total Claims						

	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
51	/					
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97		/				
98		/				
99		/				
100		/				
Total Indep						
Total Depend						
Total Claims						

Page B

CLAIMS ONLY							Application Number		Filing Date			
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CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
101		1					51					
102	1						52					
103		1					53					
104		1					54					
105		1					55					
106		1					56					
107		1					57					
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146							96					
147							97					
148							98					
149							99					
150							100					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					